

NAME	Last four digits of SSN	GRADE
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NEW ADDRESS: *(Street, City, State, Zip Code)*

SIGNATURE	DATE
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**CHANGE OF ADDRESS REQUEST**

MCRSC 1080/3 (2-96)

22656-GL

## **ADDRESS VERIFICATION**

### **PRIVACY ACT STATEMENT**

UNDER THE AUTHORITY OF TITLE 10, U.S. CODE, SECTION 271, INFORMATION REGARDING YOUR PERSONAL STATUS IS REQUIRED IN ORDER TO UPDATE YOUR RECORD. IN ORDER TO ACCOMPLISH THIS A CURRENT ADDRESS IS REQUIRED. THE INFORMATION PROVIDED BY YOU WILL BECOME A PERMANENT PART OF YOUR SERVICE RECORDS AND RESERVE PERSONNEL MANAGEMENT INFORMATION SYSTEM. THE INFORMATION PROVIDED WILL NOT BE DIVULGED WITHOUT YOUR WRITTEN AUTHORIZATION TO ANYONE OTHER THAN THOSE AGENCIES AND ACTIVITIES LISTED IN THE FEDERAL REGISTER. YOU ARE REQUIRED TO PROVIDE THE INFORMATION. FAILURE TO DO SO COULD RESULT IN AN ADVERSE DETERMINATION ON YOUR RIGHTS, BENEFITS AND PRIVILEGES.